

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2021 SEP 17 PM 3:04

SECRETARY OF STATE TALLAHASSEE, FL

DOCUMENT # L04000037186

1. Limited Liability Company's Name C & R Leasing, LLC

2. Principal Office Address - No P.O. Box # 1104 W. Oak St.

3. Mailing Office Address 1125 PINAR DR

CR2E041 (1/14)

Suite, Apt #, etc

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4. State/Country of Formation Florida

City & State Kissimmee, FL

City & State ORLANDO, FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 76-0759233

Applied For

Not Applicable

Zip Country 34741 USA

Zip Country 32825 USA

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name R. C. Crotty, Jr.

Street Address (P.O. Box Number is Not Acceptable) Suite 1104 W. Oak St.

Apt. # Etc.

City State Zip Code Kissimmee FL 34741

00373570467 09/17/21--01017--020 **818.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 9/14/21

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Includes entries for John Roberts and R. C. Crotty, Jr. with handwritten notes like '17-21 dec' and '11/1'.

11. E-mail Address rcc@hallmarkpool.com

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

[Handwritten Signature]

Date 9/14/21

Daytime Phone #

407-908-8630